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CONFIRMATION NO. 6015

|   |   |                                       |  |   |                                    |
|---|---|---------------------------------------|--|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>09/586,535  | <b>FILING OR 371(c)<br/>DATE</b><br>05/31/2000<br><b>RULE</b>   | <b>CLASS</b><br>514                   | <b>GROUP ART UNIT</b><br>1632  | <b>ATTORNEY<br/>DOCKET NO.</b><br>454313-2335.1 |                                    |
| <b>APPLICANTS</b><br>Jean-Christophe Francis Audonnet, Lyon, FRANCE;<br>Michel Bublot, Delmar, NY;<br>Jennifer Maria Perez, East Nassau, NY;<br>Catherine Elisabeth Charreyre, Saint-Laurent De Mure, FRANCE;   |   |                                       |  |   |                                    |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/138,352 06/10/1999   |   |                                       |  |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                       |  |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/18/2000</b>  |   |                                       |  |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>FRANCE | <b>SHEETS<br/>DRAWING</b><br>5   | <b>TOTAL<br/>CLAIMS</b><br>12                   | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>20999   |   |                                       |  |   |                                    |
| <b>TITLE</b><br>DNA VACCINE - PCV   |   |                                       |  |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1596  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |